

## TRANSCRIPT ORDER

FOR COURT USE ONLY  
DUE DATE:

Please Read Instructions:

1. NAME John A. Tarantino		2. PHONE NUMBER (401) 274-7200	3. DATE 1/24/2014
4. MAILING ADDRESS Adler Pollock & Sheehan P.C., One Citizens Plaza, 8th Fl.		5. CITY Providence	6. STATE RI
8. CASE NUMBER 09-383-ML	9. JUDGE Lisi	7. ZIP CODE 02903	
12. CASE NAME		DATES OF PROCEEDINGS	
		10. FROM	11. TO
		LOCATION OF PROCEEDINGS	
		13. CITY	14. STATE
15. ORDER FOR <input type="checkbox"/> APPEAL <input type="checkbox"/> CRIMINAL <input type="checkbox"/> CRIMINAL JUSTICE ACT <input type="checkbox"/> BANKRUPTCY <input type="checkbox"/> NON-APPEAL <input checked="" type="checkbox"/> CIVIL <input type="checkbox"/> IN FORMA PAUPERIS <input type="checkbox"/> OTHER			

16. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested)

PORTIONS	DATE(S)	PORTION(S)	DATE(S)
<input type="checkbox"/> VOIR DIRE		<input type="checkbox"/> TESTIMONY (Specify Witness)	
<input type="checkbox"/> OPENING STATEMENT (Plaintiff)			
<input type="checkbox"/> OPENING STATEMENT (Defendant)			
<input type="checkbox"/> CLOSING ARGUMENT (Plaintiff)		<input type="checkbox"/> PRE-TRIAL PROCEEDING (Specify)	
<input type="checkbox"/> CLOSING ARGUMENT (Defendant)			
<input type="checkbox"/> OPINION OF COURT			
<input type="checkbox"/> JURY INSTRUCTIONS		<input checked="" type="checkbox"/> OTHER (Specify)	
<input type="checkbox"/> SENTENCING		Fairness Hearing	1/24/14
<input type="checkbox"/> BAIL HEARING			

## 17. ORDER

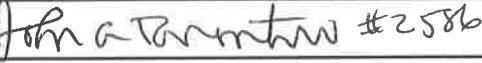
CATEGORY	ORIGINAL (Includes Certified Copy to Clerk for Records of the Court)	FIRST COPY	ADDITIONAL COPIES	NO. OF PAGES ESTIMATE	COSTS
ORDINARY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
14-Day	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
EXPEDITED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
DAILY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
HOURLY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
REALTIME	<input type="checkbox"/>	<input type="checkbox"/>			

## CERTIFICATION (18. &amp; 19.)

By signing below, I certify that I will pay all charges  
(deposit plus additional).

ESTIMATE TOTAL

0.00

18. SIGNATURE 	PROCESSED BY
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19. DATE 1/24/2014	PHONE NUMBER
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TRANSCRIPT TO BE PREPARED BY	COURT ADDRESS
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ORDER RECEIVED	DATE	BY		
DEPOSIT PAID			DEPOSIT PAID	
TRANSCRIPT ORDERED			TOTAL CHARGES	0.00
TRANSCRIPT RECEIVED			LESS DEPOSIT	0.00
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT			TOTAL REFUNDED	
PARTY RECEIVED TRANSCRIPT			TOTAL DUE	0.00

DISTRIBUTION:

COURT COPY

TRANSCRIPTION COPY

ORDER RECEIPT

ORDER COPY